

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-2104.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service (DOS) 02/12/02?
 b. The request was received on 06/05/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs/TWCC-62
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60
 - b. EOBs/TWCC-62
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission's case file only contains the documentation originally submitted by the Requestor and the documentation originally submitted by the Respondent. The findings and decision is based on all documentation in the case file.

III. PARTIES' POSITIONS

1. Requestor: hand written on the TWCC-60b
 "We feel we are due payment for the equipment we gave this pt. Neither of these items require pre-auth. We have submitted all necessary documentation to support this. The carrier still denies any payment."
2. Respondent: hand written on the TWCC-60b
 "Over \$500.00, L0960 needs L0565, therefore total over \$500.00, no auth."

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 02/12/02.
2. The carrier's EOB dated 04/26/02 has the denial, "O – REIMBURSEMENT FOR YOUR RESUBMITTED INVOICE HAS BEEN CONSIDERED. NO ADDITIONAL MONIES ARE BEING PAID AT THIS TIME. SERVICE RENDERED REQUIRES PRE-AUTHORIZATION." The carrier's EOB dated 03/28/02 has the denial, "N – IN ORDER TO REVIEW THIS CHARGE WE NEED A COPY OF THE INVOICE DETAILING THE COST TO THE PROVIDER."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	HCPS CODE	BILLED	PAID	EOB Denial Codes	MARS	REFERENCE	RATIONALE:
02/12/02	L0565 Cybertech 717 standard	\$450.00	\$0.00	N, O	DOP	Texas Workers' Compensation Act & Rules, Rule 133.304 (c) & 134.600 (h)(11)	The carrier's first EOB denied payment and requested a copy of the invoice detailing the provider's cost. This item in dispute is to be reimbursed at "fair and reasonable," as there is no cost based method of reimbursement. Therefore, this denial does not conform to the criteria identified in Rule 133.304 (c).
02/12/02	L0960 Cybertech brace pad	\$85.00	\$0.00	N, O	DOP		The carrier's second EOB denied payment citing the lack of preauthorization. Per Rule 134.600 (h)(11), preauthorization is only required if the per item price is in excess of \$500.00. The price of none of the individual items billed exceeded \$500.00 so none would require preauthorization.
Totals		\$535.00	\$0.00				Therefore, reimbursement of \$535.00 is recommended. The Requestor is entitled to reimbursement of \$535.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$535.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of November 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division